



State of New Jersey

DEPARTMENT OF HEALTH AND SENIOR SERVICES

OFFICE OF EMERGENCY MEDICAL SERVICES

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JAMES E. MCGREEVEY
Governor

CLIFTON R. LACY, M.D.
Commissioner

New Jersey State Mobile Intensive Care Advisory Council

March 11, 2002

Meeting Minutes

Dr. Nevins called the meeting to order at 10:10 AM.

CMS Update

Dr. Sol Nevins

CMS, formally HCFA regulations became effective April 1, 2002 for the new fee schedule. This requires EMS providers to use the new fee schedule that is published in the document. This fee schedule for the first year is a blend of 20 percent of the new fee schedule and 80 percent old of the old fee schedule. This phase in period for the fee schedule will be implemented over five years.

By-Law Committee

Dr. Jennifer Waxler

The By-Law sub-committee presented an addition to the By-Laws. This new paragraph will be placed in *Article 4, section 4, paragraph 2* of the current By-Laws. This addition reads "After two consecutive absences by an MICU member (Medical Director, MICU Director, EMS Educator or delegate as alternate at two scheduled meetings, the Chairperson will send a written reminder to the individual member. After three consecutive absences by any member or registered alternate, a letter will be sent to the hospital administrator, noting that the member is not fulfilling his/her participatory obligations and membership duties." Discussion was held and the motion for the addition to the By-Laws were voted upon and passed.

Medications and Devices Committee

Dr. Robert Lahita

Dr. Lahita was absent at the March meeting. No report was submitted prior to meeting.

Mr. Martin Hogan presented an overview report of the Retavase Study that is currently underway at Hunterdon Medical Center in Hunterdon County. Mr. Hogan stated that Retavase has been beneficial for a small subset of patients. Hunterdon Medical Center is in the 15th quarter of the study. June 2002 will complete the fourth year of the study. This study is done in two phases. Phase 1 is the identification of the patient into the study and treatment of the patient with 2 intravenous lines, nitrates, morphine, oxygen and 12 lead ECG and going to Hunterdon Medical Center. Both paramedics/MICNs accompany the patient in the back of the transporting ambulance. Phase 2 is the telemetry communication with the medical command physician for the decision of the administration of Retavase. The number of patients who actually receive Retavase is small because the ALS units usually do not get to this point due to the proximity of the hospital and time constraints.

There have been 1350 cardiac patients evaluated for the study, 24 patients received administration of Retavase. 23 of 24 patients have a 30-day successful survival rate. One patient died in the coronary care unit. Time of intercept to Retavase is 29 minutes. Point of Admission to arrival at Hunterdon Medical Center is 17.6 minutes. Door to drug time is estimated at 15-16 minutes after presenting at the emergency department. Patients that present to the emergency department receive fibrothrombics in 35-45 minutes. The assessment performed by the ALS crewmembers results in the decreased time for drug administration.

Discussion was held about the addition of fibrothrombics to the MICU Medication Formulary. A motion was made to add Retavase, TNK or TPA to the optional list to the MICU Medication Formulary. This motion was defeated.

Standing Orders Committee

Dr. Larry DesRochers

A motion was made to accept the Pediatric Standing Orders and Recommended Communication Failure Protocols as a package. These treatment protocols were created through continual discussion of the EMS for Children Advisory Council and the Standing Orders Subcommittee. There was a brief discussion regarding the revised treatment protocols.

There was a discussion held by Dr. DesRochers prompted by OEMS to see how the programs were currently using standing orders. There have been a number of medical records reviewed where the ALS personnel utilized more than one standing order. Standing orders were created to initialize treatment, not to replace the medical command component of the system. OEMS will randomly survey some of the MICU programs for cardiac arrests and the use of standing orders. The results will be presented at the June 2002 meeting. Further discussion will follow.

Rapid Sequence Induction Program

Dr. Jennifer Waxler

The Trauma Council and anesthesiologists may oppose the use of paralytic drugs on the MICUs. The Trauma Council has not formally opposed the use of paralytics, but it is felt at their meeting this afternoon that they may publicly oppose the use of paralytics on MICUs.

Legislation

Susan Caputo, RN

The legislative committee has started their new session and any Bill that was not passed prior to January 8, 2002 has now died and will have to be reintroduced by the supporting legislative person.

Bill S0865 is requesting MICUs to transport;

Bill S1218 is requesting testimony if the service type is licensed by the State to compare to local standards already in place;

Bill S1081 is requesting exemption for physicians speeding while on-call;

Bill S1042 is requesting a Public Health Response to Bioterrorism;

Bill S1032 is requesting healthcare providers to withhold/withdraw life support services;

Bill S0390 is requesting a trial period for Opticon in the north Hudson County area. This will allow emergency vehicles to change traffic lights to red in all directions and green in the direction the opticon is coming from;

Bill A1955 is requesting \$27 million to be dedicated to Bioterrorism readiness.

Mr. Tom Starr, Executive Director of Virtua Emergency Medical Services, presented a proposal to the Council regarding New Jersey's response to the changes in the Medicare reimbursement fees. This proposal was for the introduction creating a New Jersey Emergency Services Program Fund that will be supported by a \$4 increase to the motor vehicle registrations in New Jersey. This money will be used to supplement the MICU Programs with the reduction of reimbursement and provide them with additional money for capital expenses for the EMS system. The Department of Health and Senior Services will regulate and award grants from this fund. Discussion was held and a motion to support this cause was passed.

EMS Council

Dr. James Pruden

The communication subcommittee of the Council has discussed that the regional ALS communication centers will collect hospital bed status when a statewide disaster or MCI occurs. OEMS also discussed that there is a specific section of the proposed hospital diversion website that would collect this information also when prompted by the State EOC or a dispatch center through an alerting system built into the software.

The Poison Control Center has a new phone number, 1-800-222-1222. They are now located at University Hospital in Newark.

There has been discussion regarding statewide photo ID system. The logistics and systems that need to be in place are being reviewed.

The Federal Government provided New Jersey EMS for Children \$45,000.00 to evaluate or review our Trauma System.

EMS Week is May 19 – 25. This year the Council and OEMS will sponsor a dinner on May 20 at the Mt. Laurel Radisson Hotel. Nominations are currently being received; a panel of EMS personnel will review them and make the determination of the winners.

New Jersey Association of Paramedic Programs

Mr. Martin Hogan

Governor McGreevey invited a number of EMS agencies to participate in the inauguration parade.

CMS, formerly HCFA, have published the final report for the fee schedule. The Feds have done what they said they were going to do. New Jersey must maintain unity in our current system. The argument for New Jersey is still valid and we will continue to find ways to maintain our system.

JEMStar

Dr. Joseph Hummel

No Report was given.

Office of Emergency Medical Services

Ms. Karen Halupke

The Acting Commissioner of Health and Senior Services, Clifton R. Lacy, M.D., was confirmed in office and will serve the Department as the leading figure.

The Department of Health and Senior Services have received a \$23 million grant to fund hospital preparedness for bioterrorism readiness.

Ms. Darcy Saunders, Legal Liaison in OEMS was part of the lay-off Governor McGreevey conducted last month. There is a hiring freeze for all current vacant positions. OEMS has two other openings that are affected by this freeze.

Education

Mr. Robert Clawson

OEMS has conducted instructor training for Emergency Medical Technicians. Forty individuals have completed this process.

New Jersey has been using the National Registry testing process for the basic level for classes that began after January 1, 2002. There has been a 47% pass rate. OEMS will be looking at data and the sites that are doing well on the exams. The National Registry testing process allows a candidate six attempts to pass the test before they have to complete a core 13 class.

There were 18 candidates for the paramedic test that was held March 9, 2002. Four successfully completed the entire examination process. The failures are as listed, four failed patient assessment, four failed the cardiac station, eight failed the oral station and five failed basic life support stations.

Motions:

- A motion was made to add a paragraph to Article 4, section 4, paragraph 2 of the current by-laws. This addition will state, "After two consecutive absences by an MICU member (Medical Director, MICU Director, EMS Educator or delegate as alternative) at two scheduled meetings, the Chairperson will send a written reminder to the individual member. After three consecutive absences by any member, or registered alternative a letter will be sent to the hospital administrator, noting that the member is not fulfilling his/her participatory obligations and membership duties." ***Motion Passed.***
- A motion was made to add Retavase, TNK or TPA as optional list to the MICU Medication Formulary. ***Motion Defeated.***
- A motion was made to accept the Pediatric Standing Orders and Recommended Communication Failure Protocols as a package. ***Motion Passed.***
- A motion was made for the Council to support legislative initiatives that will create a New Jersey Emergency Services Program Fund that will be support by a \$4 increase to the motor vehicle registrations in New Jersey. This fund will supplement the reduction of reimbursement from Medicare and support initiatives for the EMS system in New Jersey. ***Motion Passed.***